

3 Parts:

- 1. Child and Family Teams**
- 2. Training Tools**
- 3: Tools for Organizing**

North Carolina **System of Care** **Resource Book**

Tools from **NC FACES**
Part 3: Tools for Organizing

North Carolina System of Care

Tools from NC FACES

Tools for Organizing

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- Guilford System of Care
- Families and Children Together (FACT)
- FACES in Cleveland County
- Sandhills FACES


SOC-Net Site Contributors included:

- Smoky ONE System of Care
- OPC System of Care

About These Materials

This Resource Book includes System of Care materials developed by the SOC demonstration projects. The Resource Book is divided into three parts:

1. Child and Family Teams
2. Training Tools
3. Tools for Organizing

Forms that have the  icon are available in a separate MSWord file called **SOC RESOURCE FORMS** that you can download and edit.

How to Use Part 3 – Tools for Organizing

This section includes documents and forms developed in SOC demonstration sites. These SOC-friendly tools are intended to be used as samples that can be adapted for use in other communities.

Governance Tools

- By-laws for a System of Care Community Collaborative.

Note: Use this detailed sample to compare with the governance structure of your local Collaborative.

Human Resources Tools

- Job Want Ad
- Interview Questions
- Job Description

Note: These samples are intended to help identify service providers who are likely to perform well in a System of Care work environment.

Organizing Tools for Service Providers

- Eligibility Worksheet
- SOC Referral Form
- SOC Strength Assessment Form
- Consent for Interagency Release of Information
- Service Plan Form
- System of Care Checklist
- Case Manager Monthly Tally Sheet
- Record Review Form
- Medical Records Checklist
- SOC Self-Evaluation Tool

Note: These forms were created by local programs to incorporate System of Care values and principles and relevant state requirements.

Tools to Strengthen Family Participation

- Memorandum of Agreement between System of Care and the Family
- Family Group Contract
- Protocol for Joint Child and Family Team and Permanency Planning Meeting
- Parent Advocate Agreement
- Parent Advocate Reimbursement Agreement
- Parent Advocate Reimbursement Form
- A Respite Guide for Families and Providers, Respite Resource Worksheet

Note: The sample MOA in this section is a contract that explains the roles and expectations for agencies and each individual family.

The Family Group Contract is a sample scope of work for a Family Group working to support the SOC.

The Protocol for Joint Child and Family and Permanency Planning Meetings is an example of how one community accomplishes the goals of a mental health agency and social service agency within the same team meeting.

The Parent Advocate Agreement and reimbursement forms are used to support individual parent advocates who perform different levels of assistance and support.

The Respite Guide and Worksheet are designed to help parents and service providers plan for needed respite care.

Tools to Evaluate the System of Care

- Process Outcomes Team Observation Code Book
- Child and Family Team Observation Form
- System of Care Quality Improvement Evaluation Case File Code Book
- Case File Form

Note: These are detailed forms to help evaluate the performance of a local System of Care.

Outcomes Team Observation Code Book provides instructions for completing the Child and Family Team Observation Form.

The System of Care Quality Improvement Evaluation Case File Code Book provides instructions for the Case File Form.

By-Laws

System of Care Collaborative April 11, 2002

ARTICLE I: Organization Name

The name of this body shall be the Sandhills System of Care Collaborative. The appropriate acronym shall be SSCC.

ARTICLE II: Purpose of Organization

The mission of the SSCC is to provide a governance structure for the local, collaborative, community based, family driven, fully integrated System of Care. The SSCC integrates Sandhills FACES and the CTSP into one comprehensive SOC with a single governance body.

The goals of the SSCC include:

- Ensure access to community-based, individualized, strengths and community-based, family driven services, which are provided unconditionally and reflect sensitivity to and understanding of, the cultural and ethnic characteristics of children and families.
- Develop and sustain a full partnership with families and surrogate families in developing and implementing the System of Care.
- Integrate local public and private child serving agencies into the System of Care.
- Through the service delivery process, compile a list of unaddressed child and family needs, systems issues and barriers to advocate to the State for systems change.
- Through partnerships with regional and local community colleges, universities and local agencies, provide pre-service and in-service training in the principles, values and practices of the System of Care.
- Provide budgeting oversight of CTSP program funds to include non-UCR categories (System of Care Coordination and Family Participation Funds) and the review of aggregate expenditures.
- Provide fiscal oversight of several grant monies related to NC FACES.

ARTICLE III: Membership

Membership will include representatives from the following groups: agencies (1/3), family members (1/3) and community groups, to include providers (1/3).

The collaborative will consist of 60 voting members as indicated below: Voting members may designate an individual to represent the voting member.

Sandhills Center for Mental Health – 4
 Local DSS (1 from each) – 5
 DJJ (1 from each district) – 3
 Schools (1 from each county) – 5
 Family members (3 each from Montgomery, Hoke and Anson) – 9
 Family members (4 each from Richmond and Moore) – 8
 Providers – 5
 Community (selected by local collaboratives 3 for each county) – 15

At large (selected by the Executive Committee) – 6
(Note: 2 at-large members must be family members)

Standing Committees include representatives from a broad range of constituencies and serving groups. Additionally, as needed, the SSCC will establish Advisory Committees that could include representatives from a broad range of constituencies and community groups.

All efforts will be made to represent populations served, i.e. gender, race, ethnicity.

ARTICLE IV: SSCC Committee Chairs

Section 1. The officers of the SSCC shall be elected by majority vote such that:

- There is one Chairperson, and
- There is one Vice-Chairperson.

One of these officers shall be an agency/community representative and one shall be a family member at any given time.

Section 2. A Chairperson for each of the Committees will be appointed by the Chairperson of the SSCC. Committee chairpersons must be selected from the voting membership.

Section 3. Officers and Committee Chairpersons shall serve one year terms and may be reelected or appointed for an additional term. The Chairperson and Vice Chairperson will serve staggered terms. New officers will take office January the following year. Elections held at last meeting of the calendar year.

Section 4. The duties of each Officer, Committee Chairperson, and Sandhills Center for MH/DD/SAS (lead agency) are described below:

The Chairperson will chair and facilitate the meetings; and facilitate agenda development in conjunction with the Committee Chairpersons, and the lead agency staff members.

The Vice Chairperson will act on behalf of the Chairperson, when the Chairperson is absent.

The Chairpersons of the committees will chair and facilitate committee meetings, and report to the SSCC on a regular basis.

The lead agency, or its designees, shall maintain the membership roster of the SSCC; inform the SSCC of changes in membership status; record the minutes of the SSCC and provide staff support for each committee as needed; and maintain the “master copy” of the SSCC By Laws.

Section 5: General Powers and Duties

Provide leadership and oversight into Sandhills System Of Care fiscal and programmatic development.

Members’ duties include communicating activities of the SSCC to respective organizations.

The SSCC and committees shall not conduct official business without a quorum being present. A quorum is defined as 25% of the current voting members. At least two family members must be present.

ARTICLE V: Committees

Section 1: At least two family members are represented on all committees. At least one family member must be present for the committee to conduct business.

Section 2: The purpose of the Executive Committee shall be to make decisions on behalf of the Board in order that the business of the Board can continue between Board meetings. The Executive Committee shall not replace the Board's decision making function. The Executive Committee shall only make decisions that are needed prior to the next regularly scheduled Board meeting. Executive Board decisions shall not violate the Board's bylaws. Minutes from any Executive Board shall also make recommendations to the Board for Board voting at regularly scheduled Board meetings.

The Executive Committee shall consist of at a minimum the Chairperson, the Vice Chairperson, the SOC Director, and the five standing Committee Chairpersons. At least 25% of the Executive Committee membership shall be family members. The Executive Committee shall have a meeting in order to vote. Executive Committee meetings shall be conducted on an as needed basis.

The Executive Committee shall also be responsible for ensuring ongoing active membership in the SSCC and committee's ensuring ongoing family involvement; and acting in family request for re-reviews in cases where eligibility is denied or services are determined to not be medically necessary.

Section 3: The Standing Committees of the SSCC with a brief description are:

Executive Committee: Conducts business of the Board as needed, between Board meetings. Conducts business related to Personnel issues for FACES grant funded positions. Oversees activities and projects not incorporated into other standing committees.

Training and Integration: Collaborates with community and state resources on training in System of Care values and practice for SSCC agencies and other community partners. Assures adequate communication with the community about SOC training's.

Research & Evaluation: Oversees execution of all evaluation components and ensures that evaluation results are utilized to improve training and systems of care. Provides information to other community agencies about significant findings to be used to improve system of care.

Finance and Budget: Oversees budget development and allocation of program funds, to include non-UCR categories of funds (System of Care Coordination and Family Participation Funds), and the review of aggregate expenditures. Makes recommendations on the use of program funds to develop the system of care.

For FACES specific funds, oversees budget development and fiscal and monetary matters; develops mechanisms to ensure that local, state and federal funding streams are maximized across participating agencies.

Providers: Develop recommendations for the development of programs to address gaps in service delivery, works with SSCC to implement Systems of Care principles in the provision of services by providers.

Marketing and Communications: Develop marketing and communication programs and materials to publicize and promote the SOC.

Services Committee: Conducts case reviews and outcomes evaluations and other data collection pertaining to service delivery and SOC design. Identifies obstacles, barriers, service gaps, and service strengths. Reports on findings and makes recommendations to the SSCC.

Section 4. Ad hoc committees of the SSCC will be formed and appointed by the Chairperson as needed.

Section 5. Non-members of the SSCC may serve on committees.

ARTICLE VI: Meetings

Regular meetings of the SSCC will be held at least monthly at agreed upon sites.

All meetings of the SSCC are subject to the Open Meetings Law. SSCC reserves the right to convene in executive session to discuss confidential client or personnel matters.

ARTICLE VII: Amendments

These Bylaws may be amended or repealed, and new Bylaws may be adopted, with an affirmative vote of 25% of the current voting membership at any meeting provided that written notice of said amendment has been given at least two weeks before the scheduled meeting.

ARTICLE VIII Parliamentary Authority

Section 1. The SSCC will strive to reach decisions by consensus. In the event that consensus is not achieved, decisions will be made by majority vote. Any member may call for a vote. Each member present will have one vote through the formally designated person or formally designated substitute.

Section 2. All business of the SSCC, with the exception of emergency business, shall be presented to the members for discussion.

Section 3. Conflicts between members of the SSCC should be resolved by the conflicting members through open and honest discussion. However, if the members are unable to resolve the conflict in this manner, the issue will be referred to the Executive Committee. Issues that cannot be resolved by the SSCC or Executive Committee are referred to the Regional collaborative for resolution.

Section 4. 25% of the current voting membership of the SSCC must be in attendance for a quorum. The SSCC will not meet without at least two family members present. Committees will not meet without at least one family member present.

Section 5. Members shall notify the Sandhills Center SOC Office Manager or designee of their inability to attend a scheduled meeting at least twenty-four hours prior to the date of the meeting. Any member of the SSCC who is absent from three consecutive meetings shall be contacted by the SOC Director on behalf of the Chairperson to determine interest in continued membership on the SSCC.

Section 6. Any change in membership shall be in written notice to the Chairperson via the Sandhills Center Office Manager.

Sample Job Want Ad

**The Guilford Center
Senior Practitioners & Practitioners**

Nationally accredited behavioral health and disability program welcomes applications from licensed or certified social workers and licensed counselors, with specialties in adult, child and family treatment, and substance abuse. Bilingual skills desired.

Program emphasizes

- partnership with consumers and families
- participation on multidisciplinary treatment teams
- community and home based treatment and case coordination

Candidates are to be sensitive and responsive to cultural differences. Salaries negotiable based on qualifications.

Excellent benefit package. Apply with Guilford County application, must include copy of transcript. For information about positions, the minimum requirements or an application call 336-641-6855 or visit www.co.guilford.nc.us. (EEO/AA)

Job Interview Questions

Interview Questions - Intensive Level of Care – Practitioner/Sr. Practitioner

Person Interviewed _____ Date of Interview _____

1. Tell us about your educational background and how it relates to this position.
2. Discuss what being a team member means to you and how you see the team members interacting to best serve consumers and their families?
3. How would you go about establishing and maintaining effective working relationships with families, coworkers, community service providers, etc.?
4. Describe your experience working with children and families of different ethnic backgrounds, and special populations such as deaf and hard of hearing.
5. What would you do in a situation where your personal reactions or beliefs may be different from those of someone you are serving?
6. Describe your approach to involving children, families and significant others in the process of service planning?
7. Describe what system of care means to you.

8. Have you had any experience developing and conducting groups?

9. In our agency's new multidisciplinary team structure, case management, clinical and other functions are combined when appropriate in serving our children and families. As a Practitioner, when do you see this as beneficial to the family? When might you see it as a conflict?

10. Do you speak another language other than English? Do you possess skills in sign language, reading Braille or working with assistive/adaptive equipment?

11. Why is it important that providers be aware of their own cultural assumptions?

12. Describe how you would conduct a strength-based assessment and what the benefits of this process are to the child and family.

13. How do you stay motivated when working with a difficult child and family where progress on goals may be slow?

14. How do you feel about home-based, family-centered service provision versus center-based service provision? How do you involve and empower parents/caregivers?

15. Describe your personal philosophy about serving children and families and the theoretical basis on which you would provide the services.
16. What aspects of a child and family's cultural history, values and life style are relevant to the clinician's work?
17. Have you ever had any disciplinary action taken against you at work?
- 18-a. What are your strengths?
- 18-b. What areas do you need to work on?
19. What computer experience do you have?
20. What would your supervisor say about your organizational and documentation skills?
21. How familiar are you with Managed Care and Medicaid? Describe your current understanding and experience with these.

22. Do you have a car for use at work and are you willing to transport a child or family in your personal vehicle if need be?

23. Given our new structure, there is a possible need to work staggered work schedules. Do you have a problem working weekends or a flexible schedule, such as four 10-hour days, workdays from 10-7, etc.?

Scenario 1:

You are working with a seven-year-old female child who has been taken into custody and removed from her home after DSS substantiated physical abuse by the child's mother. DSS wants to reunify the child with her family as soon as possible. What steps would you take to work toward this goal with DSS and the family?

Scenario 2:

Joshua is a 7-year-old white male who lives with his mother, 4-year-old sister, and grandmother in Section 8 Housing. He visits his dad on weekends, sometimes, but not consistently. His dad is Hispanic and moved here with his family when he was 15 years of age. His family still speaks very little English. Josh's mother has been in recovery for two years, with a history of alcohol and cocaine abuse. She is currently in a VR program to learn computer skills and how to apply for a job.

Josh is being held back in the first grade because of poor school performance (not able to complete his work or sit in the classroom) and behavior problems. He is aggressive with his classmates and has some inappropriate sexual behaviors. His teacher has been asking his mother to bring him to the Guilford Center for several months, but his grandmother, who lives with the family, keeps insisting that he will grow out of the behaviors. Josh is scheduled with you for intake.

Briefly discuss: Assessment, Treatment Planning and the issues that this family brings to the table.

Job Description: Addendum

Job Evaluation Rating System Position Description

Position Classification

Working Title

Date of Modifications to Description

Senior Practitioner

Senior Practitioner – Child and Family Intensive

Team

(Name of Team)

12/8/00

The following is to be completed for the individual position specific to a service or program; if no additional information is needed, indicate by “N/A.”

Part I

Section B: Essential Functions performed specific to program/service job duties:

Provides the majority of services at locations other than office, such as child and family’s home, school, community. Services are provided with the primary objective of preventing child and families condition from worsening and the stabilization of the child’s school and home placements. Primarily serves children and families in Greensboro.

Section C - Factor 1:

Knowledge specific to program/service job duties:

Working knowledge of System of Care model, Brief Network Intervention and Intensive Family Therapy or Family Preservation.

Skill(s) required specific to program/service job duties:

Skills in applying principles of a System of Care model, Brief Network Interventions and Intensive family Therapy. Must demonstrate the ability to work with other community agencies in the coordination of care.

License and/or Certification and/or Education and/or Experience specific to program/service job duties:

Section C - Factor 3:

Guidelines specific to program/service job duties:

Client population is the most seriously impaired population the program serves. Client to staff ratio no greater than 1:15 per team member average.

Other Unique Characteristics related to specific program/service job duties:

Due to intensive level of intervention possibly needed for clients served, position may require 24-hour availability in a crisis. Close coordination with C/ES necessary to ensure proper implementation of plan for intensive team clients.

Eligibility Worksheet

Child:

- ☐ Ages 5 up to the 18th Birthday
- ☐ Exhibits behavior currently impaired due to emotional disturbances
- ☐ Has a Mental Health Diagnosis (DSM IV) Axis I
- ☐ Must be involved with at least two of the following systems:
 - ☐ Mental Health
 - ☐ Juvenile Justice
 - ☐ Education
 - ☐ Department of Social Services
 - ☐ Health Department
 - ☐ Other child-serving agencies in the region: _____
- ☐ Resides in a region or county served by this program (name of county _____)
- ☐ CAFAS (Child Adolescent Functional Assessment Scale) score of 60 or above
- ☐ At risk of being removed from school or home due to behavior

Family Participation:

- ☐ The child's family has discussed and understands the SOC project
- ☐ The child's family has agreed to participate and be in agreement with the SOC project
- ☐ The child's family will help complete the Referral Form and Wrap-Around Service Plan
- ☐ The child and his/her family agree to participate in the evaluation of SOC

Referral Steps:

- ☐ Forward the Referral Form to Site Director of the SOC program
- ☐ The referral source will receive a response on admission into SOC within two weeks.

CASSP Values and Principles:

- ☐ Yes, I received a copy of the Values and Principles of the System of Care Project.
- ☐ No, I have not received a copy of the Values and Principles of System of Care and request a copy.

Please send completed referral form and Memorandum of Agreement to:

SOC Referral Form



Referral must be completed *with* and signed by *child's primary caretaker*

Date of Referral: _____ Referral accepted on (date) _____

Child's Name _____ M ____ F ____ Birth date: _____ Age: _____

School _____ Grade: _____ SSN: _____ SOC #: _____

Health Insurance: Medicaid ____ Health Choice ____ Private ____

If private, name: _____

Primary Caretaker's Name: _____

Telephone: _____ Bus. Tel: _____

Address: _____

Relationship to Child: _____ Ethnicity/Race: _____

Preferred Language _____

County of Residence _____ Age 5-18? Yes ____ No ____

CAFAS Score: _____ Date scored: _____

Open Case at Mental Health Center? ____ yes ____ no

If Yes, Therapist Name: _____

Case Manager Name: _____ Referring Person: _____

Multi-System Involvement: Is your child currently or has s/he ever received services from any of the following?

	Yes	Current	Past	No	when & where/contact
Systems of Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
DSS Child Protective Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Juvenile Probation/Parole officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Independent practitioner: <i>psychiatrist,</i> <i>psychologist, therapist, counselor</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Outpatient Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Outpatient Psychiatric Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inpatient Psychiatric Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Social Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Special Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Agencies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Agencies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Is the Child living at home? Yes ____ No ____

If no, where does child reside? _____

Is child at risk for out of home placement? Yes ____ No ____

If Yes, why? _____

What placements are being considered? _____

DSM IV Diagnosis: Yes ____ No ____

If child does not have an Axis I DSM IV diagnosis, must demonstrate problems in behaviors, thought or feeling that indicate he/she will qualify for such a diagnosis.

Axis I _____

Axis II _____

Date Established: _____ Who Established: _____

Brief Statement of child & family's current situation including significant recent events. Please state the reason you are referring this child to _____(program).

The service(s) the Primary Caretaker is interested in receiving for self and child (please list):

Has the Memorandum of Agreement been signed by primary caregiver? Yes ____ No ____

(If NO, please ensure agreement is completed and submitted with this Referral Form)

SOC Strength Assessment Form



Child's Strengths:

Attitudes and Values: _____

Skills and Abilities: _____

Qualities: _____

Preferences: _____

Parent(s)/Caregiver(s) Strengths:

Attitudes and Values: _____

Skills and Abilities: _____

Qualities: _____

Preferences: _____

Other Family Members Strengths:

Attitudes and Values: _____

Skills and Abilities: _____

Qualities: _____

Preferences: _____

Existing Informal Support System Strengths: _____

Existing Formal Support System Strengths: _____

Potential Formal and Informal Support People: _____

Consent for Interagency Release of Information

I, _____ authorize the persons representing the following agencies on my Child & Family Team with Systems of Care to exchange oral and written information about my child: (please check the appropriate blanks)

(Child's Name) _____

All pertinent records and information may be exchanged between the agencies as necessary to accomplish the goals of the Child & Family Team. I am aware that this information will be strictly confidential and will be used only to plan for services.

Persons representing the following agencies to the Child & Family Team are authorized to exchange information:

- ☐ Area Program: _____
- ☐ Department of Social Services: _____
- ☐ School: _____
- ☐ Office of Juvenile Justice: _____
- ☐ Health Department: _____
- ☐ Family Advocacy and Support Organization: _____
- ☐ Other person/agency: _____
- ☐ Other person/agency: _____

The limitations I place upon this exchange of information are:

- ☐ None
- ☐ The Following (list agency, etc.)

I am aware that this information will be strictly confidential and will be used in my best interest to identify, plan, and provide services.

Service Plan Form – Sample Page

This is a sample page of a service plan form. A complete service plan form is available in the Forms and Worksheets electronic file. Modify it as needed for your use.

Client Name: _____ Date of Service Plan: _____

Parent/Guardian(s) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Service Coordinator: _____

Life Domains Assessment, Strengths and Needs (from the family):

DOMAIN	STRENGTHS	NEEDS
1		
2		
3		
4		
5		

Strengths, needs, issues, recommendations perceived by agencies and other individuals involved with client

System of Care Checklist

Each of these areas must be completed monthly and submitted to the Site Director by the 10th of the following month.

1. DSS: Please consider any involvement of any kind your child and family may have when answering this question. List Medicaid transportation, TANF, prevention, custody, adoptions, PS report, etc.
2. DSS Custody: please check if applicable.
3. Current Living Arrangement: Please note where the child is current living; ie., home with parents, grandparents, therapeutic foster care, foster care, children's home, residential treatment, group home, hospital, etc.
4. Dates of Placement Changes: Please list dates of placements; ie., hospitalization 1/1/99-1/4/99, home 1/4/99-1/22/99, group home 1/22/99-present. List all placements during the month, not just the last one.
5. Health Department: Please check if there has been any involvement with the Health Department; ie., regular checkups take place there, went there when child had lice, etc.
6. Enrolled in School: Check if child is enrolled in school.
7. School Placement Changes: Please list date of school placement change.
8. Type of School Placement: List whether child is getting regular education, BEH, TMH, Resource, etc.
9. Juvenile Court Involvement: Please list any involvement with courts; ie., scheduled first time meetings with court personnel; charges pending, probation, first offenders program, etc.
10. Parent /Care giver of Child Served by the Parent Organization: Please list any involvement with any parent organization; ie., involvement with MHA, ACCEPT, parent support groups, parent advocate used to pair with a parent for IST meetings and/or other meetings, etc.
11. Child Received Crisis Services: Check if any crisis services were accessed.
12. Type of Crisis Service Accessed: List each of the specific service accessed.
13. Child Received Intermediate Services: Check if any intermediate services were accessed. For these purposes this will include any services that fall within intermediate and routine services (case management, medication monitoring, outpatient, respite, etc.).
14. List Intermediate Services Accessed: List each service accessed as referred to above.

15. **List Crisis or Intermediate Wraparound Services Accessed:** This one may be more difficult to address. Intermediate wraparound services may be that a family accessed relatives to provide respite for them for free. It may be that crisis services were provided in an on-call manner like IFCS provides. This question is attempting to capture any wraparound efforts, both formal and informal, that may not be captured in traditional lists of services.
16. **Informal Supports:** List anything provided to a child and family that supports the plan but are not traditional paid services. This may include, recreation center programs, camps, transportation assistance from someone on the team, volunteers, flex funds requests, etc.
17. **Dates of Child and Family Team Meetings:** Please list dates of any and all child and family team meetings (CFT or IST - whichever you choose to call it!!). Sometimes you may not have had a team meeting, some months you may have had two. List each one if applicable.

Case Manager Monthly Tally Sheet

Due the 2nd Working Day of each month

Email to _____ or fax to _____

All numbers should be for the end of the Appropriate Reporting Month (unless otherwise stated)

Case Manager's Name _____

Reporting County _____ **Reporting Month** _____

REPORT ITEMS	CTSP FUNDED	Non-CTSP FUNDED
Number of Consumers on Case Management Case Load		
Number of Consumers in Residential Level IV		
Number of Consumers in Residential Level III		
Number of Consumers in Residential Level II		
Number of Consumers in Therapeutic Foster Care		
Number of Consumers in Residential Settings in their home county		
Number of Consumers in Residential Settings in other counties		
Number of consumers in Residential Settings outside Gaston, Lincoln and Cleveland but within North Carolina		
Number of consumers in residential settings outside North Carolina		
Number of Consumers in DSS Custody (including those who receive services in a Therapeutic Residential Setting)		
Number of Consumers who received Day Treatment Services		
Number of Consumers who received CBS services		
Number of Child and Family Team Meetings held		
Number of Consumer Meetings attended which weren't Child and Family Teams		
Number of Consumers in Acute Settings at anytime during the month		
Number of Consumers in Detention at anytime during the month		
Number of Consumers AWOL at anytime during the month		
For children/adolescents who are receiving residential services outside the catchment area, please list the reason and the county where they are being served.		

Record Review Form



Case Manager: _____ Date: _____

Client: _____ Record #: _____

Service Plan:

Annual Date _____

All 5 Axis yes___ no___

At least 2 areas of need yes___ no___

Goals: measurable yes___ no___

Interventions:

Each Intervention:

Names the service yes___ no___

Gives Frequency yes___ no___

Tells what will be done yes___ no___

Step down plan when needed yes___ no___

Target Dates/Review Dates current yes___ no___

Signatures when needed yes___ no___

Are informal supports reflected/included in the plan yes___ no___

Are client/family strengths reflected in the plan yes___ no___

Transition Plan:

Is there a transition plan documented yes___ no___

Comments: _____

Crisis Plan:

Is the crisis plan documented yes___ no___

Comments: _____

Life Chart:

Is there a life chart yes___ no___

Is it current yes___ no___

Comments _____

Physician's Order:

Order for all services on service plan yes___ no___

Services not ordered _____

Comments: _____

Service Notes/Team Notes:

Latest Entry _____

Monthly Contact with client yes___ no___

Identifying information on notes yes___ no___

Note lists and reflects time spent and service delivered yes___ no___

Note reflects goals addressed yes___ no___

Team Notes reflect clinical information yes___ no___

Is there evidence that Level of Care Criteria was used to determine medical necessity of services yes___ no___

Note Signed and Dated yes___ no___

Comments: _____

Supplemental Assessment:

Date _____

Completed within 30 days of case assignment yes___ no___

Completed annually yes___ no___

Comments: _____

Strengths Inventory yes___ no___

Completed prior to Child and Family Team Meeting yes___ no___

Child & Family Team Meeting:

Original Date _____ Other Meetings _____

Completed within appropriate time frames yes___ no___

Documentation to reflect meeting conducted appropriately yes___ no___

Have all appropriate releases been obtained? yes___ no___

Are the releases current? yes___ no___

Additional Comments: _____

Medical Record Checklist



For children enrolled in a System of Care

Client: _____

Record Number: _____

Case Manager: _____

Therapist: _____

Documentation	Place in Medical Record
Referral Form	Supplemental Chart
Memorandum of Agreement: signed by legal guardian	Supplemental Chart
Strength assessment on child, family and team	Supplemental Chart
Identification of Child & Family Team members including informal resources: list of invited members	Case Management Plan
Case management plan that incorporates strengths identified in the assessment and evidence of crisis plan in record	Case Management Plan
Interagency agreement signed by all members of Child & Family Team	Consents
Flex Fund Request Form	Supplemental Chart
Evidence of System of Care philosophy through language in chart stating SOC team is meeting, who attends meeting, where and when meetings occur, etc.	Case Management Plan Strength Assessment Referral Form Memorandum of Agreement



Do other people in your community and/or agency need information about SOC? If yes, whom?_____

☐ Yes☐ No

Potential Date/Time: _____

1	2	3	4	5	6	7	8	9	10
	low investment						high investment		

1	2	3	4	5	6	7	8	9	10
	low investment						high investment		

- _____ Redistribute resources (funds, staff & training) to promote, support & sustain SOC
- _____ Include children and families as full partners in implementing SOC
- _____ Implement all components of SOC in a culturally responsive manner
- _____ Provide individualized, comprehensive, community-based services integrated with informal resources.
- _____ Develop performance-based SOC models, policies and practices that are tested and disseminated through participatory research approach.
- _____ Disseminate information, promote public awareness and support collective SOC learning.

What do you “vision” for children and families in your community? What are your long-range visions (thinking in terms of what is possible for the future, not on what you think

Memorandum of Agreement between System of Care and the Family

Client Record # _____

Child Name & Family/Caregiver Name(s): _____

This agreement, entered into as of this _____ day of _____, 200__ by and between (program)_____ and the family members to be served by the project. The purpose of this program is to fully involve the families of children and adolescents in the program by developing and implementing individualized service plans that are strength-based, culturally and community relevant, and draw upon non-traditional resources.

Agency agrees to:

1. Support parents and family members so they can effectively participate in the creation and implementation of strength-based individualized service plans for their children.
2. Follow the values of System of Care.
3. Identify a Service Coordinator who will bring together the Child and Family Team, develop and implement an individualized service plan for the child and family. The program will help the family identify support people and provide a family representative.
4. Respect the family member's experience and expertise regarding their children.
5. Provide advocacy support for the family upon request.

The Child and Family/Cargivers Agree to:

1. Fully participate in development and implementation of strength-based assessment and individualized service plan.
2. Promptly inform the Service Coordinator of any changes in child circumstances.
3. Participate in project evaluations.

What is Family Advocacy?

Parenting a child with severe emotional/behavioral disorders has many more challenges than parenting the average child. Families must learn about the disorder itself and what it means for their child, as well as for the whole family. They must learn the language of the medical, legal, financial and special education world. They must find a way in a service system that may not provide appropriate support for the parents or

Client Record # _____

the children. A parent advocacy group will help address those barriers to appropriate services by providing support, information, and intervention for these families. One of the most meaningful forms of support is to connect with other parents or family members who have experienced living with a child with severe emotional/behavioral disorders. Our program helps families connect with other trained parents who 'have been there' and can act as a systems navigator in their community. The following are activities provided by parent advocates on an on-going basis.

Activity 1: To provide information that parents with children with severe emotional/behavioral disorders need to understand their child's disorder & advocate for their child:

- Provide information for families related to their rights according to the law & policies
- Provide information for families about their child's disorder/disability
- Provide information for families on the nearest support groups and treatment services in the area

Activity 2: To provide information and/or limited intervention for parents with children with severe emotional/behavioral disabilities to understand their child's disorder & advocate for their child:

- Facilitate monthly support group meetings for families
- Provide support for families at meetings with service providers
- Provide transportation for families for whom transportation is a challenge

Activity 3: When systems are not operating appropriately (e.g. agencies not changing despite local interventions at meetings), to contact the appropriate state agency (e.g. NCDPI, E.C.A.C., GACPD, ASNC, etc.) about unresolved issues.

- Refer families to the appropriate state agency
- Implement intervention measures after collaborating with the appropriate state agency

Activity 4: When state agencies recommend interventions to local service providers & those service providers still do not change their services, our program sets up & facilitates local meetings between state agency representatives & local service providers.

- Advocates work with families to document the fact that services for their child have not improved
- Advocates use education & role-play to walk parents through process of knowing expectations related to mediation & due process

Client Record # _____

- Redirects from negativity & blaming & focuses on working together on issues

- ☐ I would like to be contacted by a family advocate upon entering the System of Care and give my permission to be contacted by telephone, personal contact, or by mail.

By signing this I am stating that I understand that System of Care services are voluntary and I can withdraw this request for services at any time. The reason for the referral has been explained to me and I am interested in receiving help from (program) _____. I understand that a review committee from community agencies (including but not limited to Department of Social Services, Office of Juvenile Justice, Health Department, Schools, Mental Health, and other child serving agencies) will review all the referral information and decide whether SOC is appropriate for my family. All parties participating on the review committee will sign a confidentiality agreement.

I understand that this agreement will remain in effect for the duration of services, and that I can cancel it at anytime with a written notice, except to the extent that services have already been provided.

Signatures:

Service Coordinator/Case Manager/Therapist

Primary Caretaker/legal guardian for Child Referred

Primary Caretaker / legal guardian for Child Referred

Please send a copy of this form to:

Agency: _____

Contact person: _____

Address: _____

Family Group Contract

The organization awarded for the Family Support and Advocacy Contract will have the following duties/expectations:

- Identify and recruit families to participate in the local System of Care Project including families to serve on the Community Collaborative and its subcommittees
- Provide support and information to families of children with emotional and behavioral challenges
- Serve as the contact agency for families to obtain information about the local System of Care services, available resources, and child mental health issues
- Coordinating and facilitating the participation of families in trainings, conferences, support group meetings, and workshops (both locally and nationally). This would include dispersing stipends, reimbursements and other payments to families for childcare, travel, registration fees that facilitate families attendance at trainings and conferences.
- Organize and develop regular support group meetings including locating space, finding childcare, providing food and other activities to facilitate parent participation
- Participation in public awareness activities to promote understanding of the needs of children with emotional and behavioral disturbance and their families
- Developing alliances with existing support, advocacy, and community organizations
- Develop and maintain resource and referral materials for families
- Recruit for Youth Advisory Council. These youth will have opportunities to learn self advocacy skills and will provide feedback to agencies and parents about their needs.
- The Nonprofit Organization would also assume primary responsibility for the recruitment and supervision of a Family Advocate(s). The Community Collaborative and System of Care staff would assist in the interview process. System of Care staff would arrange training, mentorship, and support for Family Advocate. The primary job of the Family Advocate would be to recruit and support parents for involvement, participation, and evaluation in the local System of Care in order to create partnerships between parents and agency staff and to develop support network for families with a child with an emotional or behavioral problem.
- The Nonprofit would provide office space and administrative support to the Family Advocate.
- The Family Advocate Group will develop a plan for sustainability of the Family Organization for after the end of the 6 year grant. This plan will be submitted to the Community Collaborative in December 2003.

Protocol for Joint Child and Family Team (CFT) Permanency Planning (PP) Meeting

1. Case Manager will conduct a strength-based assessment, bring to each meeting and update at each meeting.
2. Compile list of participants to be invited to the CFT/PP meeting:
 - Potential participants include:
 - Mental Health Case Manager
 - DSS Social Worker
 - Parent/guardian - unless termination of parental rights (TPR) is in progress
 - Child
 - Extended family
 - Family friends
 - Family advocate
 - GAL
 - Teacher/School Representative
 - Court counselor
 - Community representative - (consider potential supports and resources for the family when inviting the community representative - may be a church member in the community, an employee from small business, etc.) Also a list of names to call for this purpose will be made available to Social Workers through _____.
 - ___ Any individual who is involved with and supportive of the child and family
 - ___ All service providers
3. Make decision about **date and time** of meeting based on the schedules of the critical participants (this may be based on the negotiation and agreement of team members)
4. Locate meeting site based on where family is comfortable
5. Case Manager and Social Worker will coordinate and decide who will send notices (invitations) and copies of the current plans to prospective participants about CFT dates and times upon negotiation.

6. Case Manager and Social Worker will discuss in advance how they will elect to co-facilitate the meeting.
7. Obtain updates from service providers who cannot attend the meeting via telephone or in writing
8. Use basic SOC agenda for the meeting (see attached agenda). The Social Worker and Case Manager will decide how to incorporate the requirements of the two agencies (see attachments - Medicaid Plan and Permanency Plan).
9. During meeting, delegate responsibilities and capture any goal, need or strategy changes in writing for all Team Members. Copy agreements for team members, even if not yet transferred to actual forms.
10. Circulate required signature pages, which represent agreement with and involvement in development of the plans.
11. At the end of each CFT/PP meeting (*for those children in the pilot only*), case managers will distribute a short survey to all team members to complete. The measure should take no longer than about 5 minutes to complete. Collect all surveys immediately and mail them in the self addressed stamped envelope. If you have any questions or concerns, call _____ at this number _____.
12. Set another meeting date.

Revised 2/12/02
PP/CFT

Parent Advocate Agreement



Procedures and reimbursement amounts for parent advocates of SOC: stipends, travel, childcare support, etc.

The Administrative/Finance Sub-Committee has set guidelines for supporting parent advocates through the SOC budget. The Community Collaborative reviewed these guidelines and approved them on October 9, 2000.

There are four roles that have been identified for parent advocates in the System of Care work: data collectors, Service Coordinators (case managers), Advocacy, and as Consultants.

Expectations of Parent Consultants:

1. Participation in SOC meetings including attending scheduled Community Collaborative meetings, Sub-Committee meetings, etc. When a parent advocate cannot attend, the Site Director is notified as soon as possible. Also, attendance at training and retreats for SOC is necessary and will be scheduled individually and as needed.
2. Active involvement in making all decisions related to SOC.
3. Parent Consultants need to give feedback to SOC on decisions made regarding policy and procedures.
4. Parent Consultants will be asked to help in the recruitment of additional parents as consultants for SOC.
5. Parent Consultants must have knowledge of SOC project, processes and work towards increasing that knowledge as training and retreats are offered.
6. Parent Consultants will be asked to participate in SOC reviews such as Federal Audits, Service Testing, Data collection, etc.
7. Parent Consultants should participate in the development of the Parent Organization.
8. Parent Consultants should participate in advocacy at both the state and local level.

The following reimbursement guidelines are for parents who choose to serve as Consultants to the SOC grant:

Meetings held in Region A (Community Collaborative, sub-committees, or as a parent representative of SOC at any other meeting):

Reimbursement will be based on parent advocate training, experience and level of commitment to SOC. The following is a level scale for parent support:

- Level I: Basic SOC involvement reimbursed at \$10.00/hour with \$75 cap for training in one day.
 - ☐ Attend a Training ☐ SOC Trained
- Level II: Intermediate SOC Involvement reimbursed at \$12.00/hour with no cap in one day:
 - ☐ Communication Skills Training
 - ☐ Serving on a county Community Collaborative team
- Level III: Advanced SOC Involvement reimbursed at \$15.00 per hour with no cap in one day of work:
 - ☐ Serve on regional Community Collaborative
 - ☐ Attending SOC conferences
 - ☐ Advocate one-on-one with a family
 - ☐ Care Coordinator for a family

\$15 per hour rate (reimbursed following the meeting): this hourly rate is intended to cover any additional expenses incurred by the parent advocate such as childcare. It does not include travel expenses, which will be reimbursed. For married couples serving as parent advocates, one parent advocate will be reimbursed at \$15 per hour and the second parent advocate at \$7.50 per hour.

\$.325 per mile to and from the meeting location (reimbursed after the meeting) before January 1, 2001. After January 1, 2001, the mileage reimbursement increased to \$.345 per mile to and from meeting location. After January 1, 2002, mileage reimbursement increased to \$.365 per mile.

Conference & Training Rate (for both in-state and out-of-state training & conferences):

\$75 per day

\$27 per day for food (per diem rate) for food not covered with conference or training.

Travel will be arranged for parent advocate and pre-paid if it's a flight, or reimbursed if it is travel by car by the parent advocate.

Hotel will be prepaid by SOC grant and arranged in advance.

Service Testing (and all data collection):

Parents receive \$20.00 for completion of all data instruments.

Youth (over the age of 11) receive \$10.00 for completion of all data instruments.

Payment Schedule:

All invoices received by parent advocate before the 5th working day of the month will be processed and a check mailed out on the 15th. All invoices received after the 5th working day of the month and before the 19th working day of the month will be processed at month's end and a check mailed on the last working day of the month.

Parent Advocate Reimbursement Agreement

I, _____ have read the reimbursement guidelines and agree to receive payment for parent advocate services given to the _____ System of Care Project. I understand that I will submit an invoice to the SOC project coordinator and/or support staff for payment of my time invested in SOC.

I understand that if I submit an invoice including my time and travel and any other related expenses to the coordinator by the 5th working day of the month, I will receive a check mailed to me no later than the 15th of the month.

I understand that if I submit an invoice after the 5th working day of the month and before the 19th working day of the month, a check for reimbursement will be mailed to me on the last working day of the month.

I will submit and keep a copy of all invoices to the SOC Coordinator in a timely manner.

Parent Advocate Signature _____ Date Signed _____

Witness Signature _____ Date Signed _____

Parent Advocate Reimbursement Form

Developed by ONE System of Care

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number (daytime): _____

In-Area Meeting Reimbursement for System of Care:

Meeting Name	Date	Time	Travel (miles)
		Total Hours = _____ Hours x rate = \$ _____	Total Miles = _____ Miles x \$.365 = \$ _____

Out-of-Area SOC Meeting/Conference Pre-Payment Request:

Meeting/Conference <i>Name & Location</i>	Dates Traveled <i>Stipend Rate = \$75/day</i>	Mileage <i>(if traveling by car)</i>	Meals* <i>Per Diem Rate</i>
		Total Miles = _____ Miles x .365 = \$ _____	# breakfasts x \$6.00 \$ _____ # lunches x \$8.00 \$ _____ # dinners x \$13.00 \$ _____

A Respite Guide for Families and Providers

WHAT IS RESPITE?

Temporary relief for families or caregivers is commonly known as respite. It means taking a break from the responsibilities of caring for a child or adult with special needs. Respite support can be used by family members/caregivers to:

- Visit family and friends
- Spend a leisurely evening at dinner or the movies
- Have the child experience a community outing while they remain at home
- Take a vacation

Respite comes in various forms and occurs in many settings. It can take place in the family's home, the home of another, or in a community setting.

The family will be able to choose to hire their own respite provider through the Respite Voucher Program.

Respite can range from a few hours each day to a week or more. Where respite occurs and the length of time depends on the needs of the family and available resources. It is usually planned, however, sometimes, emergency care is needed.

THE RESPITE VOUCHER PROGRAM

The respite care voucher program provides funds to families to assist in obtaining respite care for a family member with a disability.

- Participants in the _____SOC program automatically qualify for vouchers worth 24 hours each month.
- Families with at risk children will be eligible for funding as well.

The sources of funding continue to expand. Every caregiver who needs respite should apply. Every application is important and establishes a need for future funding.

Where do I apply?

You apply to _____, Director of Development and Respite Care Services.

Telephone:

Voice Mail:

Fax:

Email:

Address:

Caregiver Responsibilities

The caregiver is the person who is now providing care for a family member on a regular ongoing basis (usually 7 days a week, 24 hours a day). The care recipient is the family member who needs respite services while the caregiver takes a break. The caregiver has the responsibility of:

- Interviewing the possible respite provider
- Discussing and setting an hourly, daily or weekly pay rate
- Selecting and hiring respite provider; Parents/caregivers may choose a family member, neighbor, friend, child care center, private agency staff or may call the Family Resource Center in their county for assistance. Selected providers must be 18 years or older. (Note: You may not choose a family member who is a spouse, parent of a minor, legal guardian, or lives in the same house as the person needing respite.)
- Asking for and checking references
- Informing or training the provider of the specific needs of the family member
- Ensuring proper payment for services by keeping track of the number of hours or days of respite used and the total amount claimed against the voucher
- Ensuring that federal tax guidelines are followed if:
 - The provider is not employed by a respite agency;
 - \$1000 or more is paid to a single provider

·Notifying appropriate agencies of change of address

HOW DO I USE THE VOUCHER?

After you have completed the application and returned it, a letter will inform you, as to whether you have been approved. Applications are approved upon availability of funding. Upon approval you will receive a series of vouchers for you to use. The vouchers will come with instructions for how they should be used.

- Payment to the provider may be an hourly, daily or weekly rate. Choose a provider and set the amount.
- The provider completes the Amount Claimed and signs and dates the voucher.
- The caregiver completes all remaining information, signs the voucher, and submits for payment.
- The voucher is mailed to:

Name:

Agency/Program:

Address:

- Caregivers will be responsible for all costs above the maximum amount authorized.
- Caregivers using respite funds are subject to random audits to ensure that funds are used for respite and no other purposes.
- Report lost vouchers to _____ at _____

Respite Resource Worksheet



Parent or Caregiver Information (person requesting respite care)

Please print in blue or black ink.

Name (first middle last): _____

Social Security Number: _____ County of Residence: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Telephone: () _____ - _____

1. Why are you requesting respite care?

2. Number of Household Members:

_____ Adults _____ Children

3. Care Receiver Information (child needing care)

Name (first middle last) _____

Social Security Number: _____ County of Residence: _____

Date of Birth: _____

4. The Care Receiver – (check all that apply)

_____ Has special health care needs.

_____ Has developmental disabilities.

_____ Is enrolled in the SOC grant.

_____ Is a grandchild being raised by a grandparent.

_____ Is 18 or younger and has a family member receiving mental health services, has parent with severe mental illness, is at risk for out of home placement, just released from out of home placement or clinically determined as needing a therapist or mental health case manager, involved with DSS, Juvenile Justice or other child serving services.

5. When is a convenient time for the respite coordinator to call? _____

6. Please include the following items:

_____ Attach a copy of the child's treatment plan, with most recent diagnosis, assessment, therapeutic goals, name and contact information for key clinical team member.

Contact Information for Key Clinical Team Member

name _____

address _____

phone _____

Applicant recognizes and agrees that _____ Center or any individually contracted agents are providing no direct or indirect services, and the applicant shall hold harmless and indemnify these agencies for any damages or liabilities it incurs arising from this agreement. I hereby give permission for the Respite Director to review my application for respite care, including clinical information regarding my child. I further authorize the Respite Director to maintain a confidential file containing this information, for the purpose of record keeping and data collection.

Parent/Caregiver's Signature

Date

For Office Use Only:

Date Application received: _____

Is this application approved? ____ Yes ____ No

If not approved, why: _____

Application # _____ *Funding Source:* _____

Is this an emergency request? ____ Yes ____ No

Authorizing signature _____ *Date:* _____

4. Review any funding requests (flex funds, CTSP funding requests)
5. Gaps in Services that you identify
6. What information should be shared with the Regional Community Collaborative?

Send this form and any additional information to:

fax to:

email to:

Process Outcomes Team Observation Code Book: System of Care Quality Improvement Evaluation

GENERAL GUIDELINES

- When completing the form, you should keep in mind that your responses should reflect a “snapshot” of how this team is operating in the current meeting only, and should NOT reflect a more global perspective of how the team has operated across time.
- There may be circumstances in which you have information regarding the child/family you are observing that was not borne out from observing the team meeting, but *instead is a product of outside involvement* with the child/family in some capacity. You should NOT use this outside knowledge when completing the Process Outcomes Form.
- At the beginning of the team meeting, be sure to make a list of all of the team members and their role on the team (e.g., child’s therapist, neighbor of family). You will need this list to answer many of the questions.
- Many of the questions request you calculate an approximate percentage rating. In doing so, you should take into consideration as much information as you have available from the current written plan (and additions made that day), as well from observation of the team in process to arrive at your best estimate for these percentage ratings.
- While some of the items can be completed with ease in the beginning of the meeting, it is best to reserve rating the questions until immediately after the end of the team meeting, since the content of what transpired over the course of the *entire* meeting should be the basis on which you answer the questions.
- Finally, **it is very important that your ratings be accompanied by as much “supporting data” as possible.** In other words, documentation should be provided on the Comments spaces to describe why you rated an item in a particular manner. In addition, **please provide suggestions about how the team process could have been improved** (i.e., don’t just point out what was wrong). This type of detailed feedback will be much more valuable to service coordinators as they attempt to use the feedback to improve in the future.

1. Were services based in the community where the youth and family live?

Scoring:

1. YES – *At the time of the observation, all services are received in Guilford County.*
2. NO – *There is at least one service that is provided outside of Guilford County.*

2. Does the service plan involve three or more life domains?**Check all that are appropriate.**

Scoring:

1. RESIDENTIAL - *where the child is living.*
2. FAMILY/SURROGATE FAMILY - *family relationships/conflict, etc.*
3. SOCIAL - *youth's interactions/relationships with people outside of the family.*
4. EDUCATIONAL/VOCATIONAL - *school or job-related.*
5. MEDICAL - *physical health, illness, or medication issues.*
6. PSYCHOLOGICAL/EMOTIONAL - *behavioral/ emotional/psychiatric problems such as acting out, sadness, anxiety, hyperactivity, suicidality, anger, delusional, aggression, etc.*
7. LEGAL - *delinquent behavior, arrests, probation, court appearances, etc.*
8. SAFETY - *suicidality, running away, etc.*
9. OTHER – *any remaining life domain that does not fit into one of the above categories.*

3. To what extent do interventions reflect family cultural values/preferences/differences?

Interventions that reflect the cultural values, preferences and differences of the family take into account the unique aspects of the family's circumstances when they are incorporated into the service plan. This may include (but is not limited to) factors such as: race/ethnicity, financial status, methods of child-rearing, the neighborhood in which the family lives, religious/spiritual beliefs, communication style, beliefs about mental illness, physical disabilities, etc.

Scoring:

1. EXCELLENT – *All interventions reflect family cultural values/preferences/differences.*
2. ACCEPTABLE – *Most (at least 50%) interventions reflect family cultural values/preferences/differences.*
3. POOR – *Few (less than 50%) if any interventions reflect family cultural values/preferences/differences.*

- ☐ Check here if a low rating on this scale is due to the fact that the family's preferences are inconsistent with the program goals. – the most common scenario for which this box will be checked is when the family's preference is to place the youth out of the home/community (which is inconsistent with the program goal of keeping youth in the home). There may be other circumstances in which program philosophy overrides family preferences.

4. To what extent was the service plan developed by a child and family team with representation of persons with similar cultural background as the family?

There are individuals on the team who share the family's cultural beliefs and/or background, as evidenced by the following:

- *Belonging to the same race/ethnic group*
- *Living in the same or similar neighborhood*
- *Sharing similar life experiences (e.g., parent of a child with SED)*
- *Having been asked by the family members to participate on the team*

Scoring:

1. **EXCELLENT** – *There is at least one individual on the team who meets at least two of the above criteria.*
2. **ACCEPTABLE** – *There is at least one individual on the team who meets one of the above criteria.*
3. **POOR** – *There are no individual on the team (excluding child and caregiver) who are of the same race, living in the same neighborhood, who have shared similar life experiences, or have been asked by the family members to participate on the team.*

5. To what extent is a strengths-based planning methodology utilized in service planning?

A strengths-based planning methodology includes (a) identification of child/family strengths via a strengths-based assessment (which should be contained within the service plan), and (b) direct use of identified strengths in the interventions contained within the service plan.

For example, if an identified strength of the youth is that s/he is "good at sports/athletic", an intervention base on this strength would be to have the youth participate in a team sport in order to meet the goal of improving the youth's social skills.

Scoring:

1. **EXCELLENT** – *Strengths are identified and all interventions of the service plan utilize child and family strengths.*
2. **ACCEPTABLE** – *Strengths are identified and are utilized in some, but not all interventions contained in the service plan*

3. **POOR** – *Strengths are not identified and/or are not utilized in the service plan.*

6-A. Were family members of the child present at the CFT meeting?

Scoring:

1. **YES** – *At least one caregiver/parent was present at the CFT meeting.*
2. **NO** – *No caregiver/parent was present at the CFT meeting.*

6-B. Was the child present at the CFT meeting?

Scoring:

1. **YES** – *Child was present for some portion of the CFT meeting.*
2. **NO** – *Child was not present for any of the CFT meeting.*

6-C. If the child was not present, what was the reason?

Scoring:

1. **CHILD REFUSED** – *child was invited to attend meeting, but refused.*
2. **CLINICALLY CONTRAINDICATED** – *team members believe it is in the best interest of the child not to be present because child's behavioral/emotional problems would make it difficult for child to attend/participate.*
3. **ILLNESS** – *child was scheduled to attend meeting, but became ill.*
4. **SCHEDULING CONFLICT** – *child was invited to attend meeting, but was unable to attend because of another meeting, class, activity that was scheduled to occur at the same time.*
5. **PLACED OUTSIDE COMMUNITY** – *child could not attend meeting because s/he is currently residing in a detention center, training school, hospital, or some other type of facility that is located outside of Guilford County.*
6. **OTHER** – *any reason other than those listed above.*

7. To what extent do the child and parents have input into the service plan such that it can be said to be theirs?

Scoring:

1. **EXCELLENT** – *Child and family are active participants and clearly have input into plan development. Team members listen and modify plan accordingly.*
2. **ACCEPTABLE** – *Child and family participate in some aspects of plan development, but do not provide significant input.*

3. **POOR** – *There is a notable lack of child and family participation and/or team members do not adjust the plan based on family input.*

8. Does the family have adequate advocacy support (including self-advocacy)?

Scoring:

1. **YES** – *Family members can and do advocate for themselves, or there is an advocate present who speaks on behalf of the family (with authority to do so from family) about the needs and desires of the family.*
2. **NO** – *Family members cannot advocate for themselves AND there is not an advocate present who effectively speaks on behalf of the family.*

9. To what extent are naturally occurring community resources (including flex funds) included in the plan?

Naturally occurring community resources are defined as services/interventions that do not cost the “BIG 5” public agencies money (The Guilford Center; Public Health; Schools; Juvenile Justice; Department of Social Services). Any service in the plan that is paid with flex fund dollars is considered a community resource. Community resources can include (but are not limited to) such things as: church groups, Big Brother/Big Sister, respite provided by relative; tutoring, Boys and Girls Club.

Scoring:

1. **EXCELLENT** – *At least 50% of interventions contained in the service plan rely on community resources.*
2. **ACCEPTABLE** – *Between 10 and 50% of the interventions contained in the service plan rely on community resources.*
3. **POOR** – *Less than 10% of the service plan interventions utilize community resources.*

10. To what extent is the team made up of individuals (excluding agency personnel) with access to informal resources for the family?

Team members counted towards this percentage must meet both of the following two criteria:

- *They are not there because of their affiliation with a service agency. Instead, they are serving as an advocate, family member, friend, neighbor, pastor, etc.*
- *They have accessed or will access informal resources for the family as part of the service plan*

Scoring:

1. **EXCELLENT** – *More than 50% of team members meet both of the above criteria.*

2. **ACCEPTABLE** – *Between 10 and 50% of team members meet both of the above criteria.*
3. **POOR** – *Less than 10% of team members meet both of the above criteria.*

11-A. Was the service plan developed by two or more agencies?

By definition, Mental Health always participates in the development of service plans, since case managers from this agency are assigned to each SOC case.

Scoring:

1. **YES** – *It was evident during the meeting that at least two of the “Big 5” agencies have contributed to the development of this family’s service plan.*
2. **NO** – *Only one of the “Big 5” agencies have contributed to the development of this family’s service plan thus far.*

11-B. Was the service plan funded by two or more agencies?

By definition, Mental Health (i.e., the Guilford Center) always takes part in funding the service plan, since case management from this agency is provided to each case. If any school personnel serve on a service team, the answer to this question will automatically be “Yes”.

Scoring:

1. **YES** – *At least two of the “Big 5” agencies are funding the service plan, as evidenced by contributions of staff time and/or resources.*
2. **NO** – *Only one of the “Big 5” agencies has funded this family’s service plan thus far.*

12. Check all parties present at today’s meeting (do not include team members who were not in attendance):

Scoring:

1. **FRIENDS OF THE FAMILY** – *friends, neighbors, etc.*
2. **FAMILY MEMBERS** – *youth, parent, other members of immediate/extended family*
3. **CHURCH/RELIGIOUS** – *pastors, clergy members, fellow parishioners, etc.*
4. **PUBLIC HEALTH** – *nurses (including school nurses), physicians, etc.*
5. **JUVENILE JUSTICE** – *court counselors, judges, etc.*
6. **MENTAL HEALTH** – *case managers, therapists, psychiatrists from the Guilford Center*
7. **SCHOOL** – *principals, teachers, bus drivers, behavioral aides from Guilford Co. Schools*

- 8. **SOCIAL SERVICES** – *social workers, foster parents, etc.*
- 9. **FAMILY ADVOCATES** – *advocates from MHA, guardian ad litem, etc.*
- 10. **OTHER** - *any category other than those listed above.*

13. Do professionals on the CFT need additional training in SOC principles?

Scoring:

Refer to attached sheet for summary of Wraparound System of Care Principles. Examples of situations in which professionals need additional training include but are not limited to the following:

- *A professional insists that the best placement for the child is in a restrictive setting outside of the child's community (e.g., detention center, wilderness camp, group home), before other placements have been explored;*
 - *A professional continually focuses on deficits and refuses to acknowledge strengths;*
 - *A professional is disinterested in the family's perspective during the service planning process;*
 - *A professional refuses to collaborate with team members from other agencies in the service planning process;*
 - *A professional does not take the family's culture into consideration when engaging in the treatment planning process;*
 - *A professional attempts to reject child/family from services, or "gives up" on child when things get tough.*
1. **YES** – *At least one professional on the team exhibits behavior or makes statements that demonstrate a need for further training on SOC principles/wraparound.*
 2. **NO** – *All professionals appear to understand wraparound/SOC philosophy; they do not make statements or exhibit behaviors that are inconsistent with these philosophies.*

14. Does the service team plan to keep the family intact or to reunite the family?

Scoring:

1. **YES** - *the team includes goals in the plan that outline steps necessary for either a) keeping family members intact OR b) reuniting family members in placement.*
2. **NO** - *The team does not includes goals in the service plan that are geared towards family preservation.*

Child and Family Team Observation Form

DATE OF CHILD AND FAMILY SERVICE TEAM (CFT) OBSERVATION: _____

INITIAL MTG: _____ or FOLLOW-UP MTG: _____

LOCATION OF CFT: _____

Name of child or adolescent _____

Name of parent or legal guardian _____

1. Were services based in the community where the youth and family live?

☐ Yes ☐ No

Comments:

2. Does the service plan involve three or more life domain areas? Check those appropriate:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Family/Surrogate Family |
| <input type="checkbox"/> Social | <input type="checkbox"/> Educational/Vocational |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Psychological/Emotional |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Safety |

☐ Other _____

Comments:

3. To what extent do interventions reflect family cultural values/preferences/differences?

1=Excellent 2=Acceptable 3=Poor

Comments:

☐ Check here if a low rating on this scale is due to the fact that the family's preferences are inconsistent with program goals.

- 4 . To what extent was the service plan developed by a child and family team with representation of persons with similar cultural background as the family?

1=Excellent

2=Acceptable

3=Poor

Comments:

5. To what extent is a *strengths*-based planning methodology utilized in service planning?

1=Excellent

2=Acceptable

3=Poor

Comments:

- 6-A. Were family members of the child present at the CFT meeting?

Comments:

- 6-B. Was the child present at the CFT meeting?

☐ Yes

☐ No

- 6-C. If child not present, what is the reason?

☐ Child refused

☐ Clinically contraindicated

☐ Illness

☐ Scheduling conflict

☐ Placed outside of community

☐ Other _____

- 6-D. If "clinically contraindicated is checked, specify reason here:

7. To what extent do the child and parents have input into the service plan such that it can be said to be theirs?

1=Excellent

2=Acceptable

3=Poor

Comments:

8. Does the family have adequate advocacy support (this can include self-advocacy)?

☐ Yes

☐ No

Comments:

9. To what extent are naturally occurring community resources (including flex funds) included in the plan?

1=Excellent

2=Acceptable

3=Poor

Comments:

10. To what extent is the team made up of individuals (excluding agency* personnel) with access to informal resources for the family?

1=Excellent

2=Acceptable

3=Poor

Comments:

Note: *for the purposes of this instrument, “agency” is defined as one of the Big 5 public child-serving agencies (school, health, JJ, MH, DSS)

11. A. Was the service plan developed by two or more agencies?

☐ Yes ☐ No

Comments:

11-B. Was the service plan funded by two or more agencies?

☐ Yes ☐ No

Comments:

12. Check all parties present at today's team meeting (do not include team members who were not in attendance)

☐ Friends of the family

☐ Family Members

☐ Church /Religious

☐ _____ Co. Public Health

☐ _____ Co. Office of Juvenile Justice

☐ Mental Health (_____center only)

☐ _____ Co. Schools

☐ _____ Co. Dept. of Social Services

☐ Family Advocates

☐ Non-profit agency

☐ Others (Specify)_____

13. Do any of the professionals on the CFT need additional training in wraparound/
System of Care principles?

☐ Yes ☐ No

Comments:

14. Does the service team plan to keep the family intact (or if not intact, to reunite the family)?

☐ Yes ☐ No

☐ N/A (reunification is not an option; e.g. parents rights have been terminated)

Strengths of the service coordinator/service team:

Barriers identified by the CFT (or rater) in meeting the needs of child and family:

Observer Recommendations regarding CFT meeting:

General Comments:

Rater: _____

System of Care Quality Improvement Evaluation

Case File Form (Case Review) Code Book

GENERAL GUIDELINES

When completing this form, you should keep in mind that your responses should reflect how the service team/service plan is currently operating, and should NOT reflect a global perspective of how the team/plan has operated across time.

There may be circumstances in which you have information regarding the child/family that is not contained within the case file, but instead, is a product of your outside involvement with the child/family in some capacity. You should NOT use this outside knowledge when completing the Case File Review Form. Complete the form based solely on what is documented in the file.

Many of the questions request you to calculate an approximate percentage rating. In doing so, you should take into consideration as much information as you have available from the case file in order to arrive at your best estimate for these percentage ratings.

One challenge to completing the case file review process is the lack of consistency across case files, which is an unfortunate by-product of the transition of service delivery from UNCG to the Guilford Center. As a consequence, there have been a number of different changes to the package of forms used with cases at the time of referral, intake, etc. The biggest challenge lies in completing reviews for cases who entered the program prior to the “transition.” Use caution (and have patience!) when reviewing these case files. You may have to hunt for some of the information. This code book will provide guidance regarding where to look for pieces of information you will need to complete the ratings on the Case File Form.

Finally, **it is very important that your ratings be accompanied by as much “supporting data” as possible.** In other words, documentation should be provided on the Comments spaces to describe why you rated an item in a particular manner. In addition, **please provide suggestions for improvement** (i.e., don’t just point out what was wrong). This type of detailed feedback will be much more valuable to service coordinators as they attempt to use the feedback to improve their future practice.

1. Referral Source

Use the SOC Referral Form to determine referral source.

Scoring:

1. **FAMILY MEMBER** – *youth, parent, other members of immediate/extended family*
2. **PUBLIC HEALTH** – *nurses (including school nurses), physicians, etc.*
3. **JUVENILE JUSTICE** – *court counselors, judges, etc.*
4. **MENTAL HEALTH** – *case managers, therapists, psychiatrists from the Guilford Center*
5. **SCHOOL** – *principals, teachers, bus drivers, behavioral aides from Guilford Co. Schools*
6. **SOCIAL SERVICES** – *social workers, foster parents, etc.*
7. **OTHER** – *any category other than those listed above*

2. Which life domain areas were identified by the family as areas of concern at the time of intake?

See the initial Authorization Request (Reason for Referral) to determine areas of concern.

Scoring:

1. **RESIDENTIAL** - *where the child is living*
2. **FAMILY** - *family relationships/conflict, etc.*
3. **SOCIAL** - *youth's interactions/relationships with people outside of the family*
4. **EDUCATIONAL/VOCATIONAL** - *school or job-related*
5. **MEDICAL** - *physical health, illness, or medication issues*
6. **PSYCHOLOGICAL/EMOTIONAL** - *behavioral/ emotional/psychiatric problems such as acting out, sadness, anxiety, hyperactivity, suicidality, anger, delusional, aggression, etc.*
7. **LEGAL** - *delinquent behavior, arrests, probation, court appearances, etc.*
8. **SAFETY** - *suicidality, running away, etc.*
9. **OTHER** – *any remaining life domain that does not fit into one of the above categories*

3. Were all program eligibility requirements met at the time of admission?

If available, use the Eligibility Determination Form to determine whether eligibility requirements are met. If unavailable, this information should be available in a progress note that summarizes findings from the intake process.

Scoring:

- **AGE 5-18** – *Child's DOB should be indicated on the SOC Referral Form.*
- **DSM-IV DIAGNOSIS** – *Diagnostic information may be included on the SOC Referral Form, and/or the Level of Eligibility Reporting Form (p.2). Diagnoses that are NOT eligible include V codes, mental retardation, and developmental disorders, unless they co-occur with a Axis I disorder.*
- **FUNCTIONAL IMPAIRMENT** – *This is defined as a Level I or II status on the NC Level of Eligibility (LOE) Assessment Scale (a LOE at intake should be in the chart).*
- **MULTIPLE AGENCY INVOLVEMENT** – *Evidence that at intake, multiple child-serving agencies were involved with the case.*
- **AT RISK OF REMOVAL OR REMOVED FROM HOME** – *Child was placed in any out of home placement (e.g., group home, psychiatric hospital), or there are clear indications that out-of-home placement is likely due to current circumstances.*

4. In what setting did the child live at the time of referral to SOC?

Use the SOC Referral Form to determine this. Select from the responses listed below.

Scoring:

1. PARENT
2. RELATIVE
3. FOSTER HOME
4. GROUP HOME/RESIDENTIAL TREATMENT CENTER
5. HOSPITAL
6. DETENTION CENTER/JUVENILE JUSTICE FACILITY
7. SUBSTANCE ABUSE TREATMENT CENTER
8. SHELTER
9. OTHER

Note: the remaining questions refer to the *most recent information* contained within the case file (e.g., the most recent service plan and accompanying post-IST summary note contained within progress notes)

5. Current Legal Custody

Case managers have been instructed to provide an update of current legal custody in each post-CFT summary note, which is a progress note written immediately after a CFT meeting that provides a summary of what transpired in the meeting, as well as an updated status of child on many dimensions.

Scoring:

1. **PARENT** – *A biological or adoptive parent*
2. **RELATIVE** – *A member of the child's immediate or extended family*
3. **SOCIAL SERVICES** – *child is a ward of the state (regardless of who has physical custody)*
4. **OTHER** – *any category other than those listed above*

6. Current Physical Custody

*Case managers have been instructed to provide an update of current physical custody in each post-CFT summary note. **This information may also be obvious from the service plan and/or other progress notes.***

Scoring:

1. **PARENT** – *Child resides with biological or adoptive parent*
2. **RELATIVE** – *Child resides with a member of immediate/extended family*
3. **FOSTER PARENT** – *Child resides with a foster parent*
4. **OTHER** – *Child resides with someone other than choices listed above*

7. Most current level of need

This refers to the most recent LOE score contained in the chart (on the Level of Eligibility Reporting Form). Case managers are required to periodically reassess level of need (at least once a year).

Scoring:

LOE Scores range from I to IV.

8. Current School Assignment

Case managers have been instructed to provide an update of current school assignment in each post-CFT *summary note*.

Scoring:

1. REGULAR CLASSROOM
2. SELF-CONTAINED B.E.D.
3. REGULAR EDUCATION WITH RESOURCE
4. DAY TREATMENT
5. OHI (Other Health-Impaired)
6. EMH (Educably Mentally Handicapped)
7. CROSS-CATEGORICAL/LEARNING DISABLED
8. OTHER

9. Which life domain areas are addressed in the most recent service plan?

Scoring:

1. RESIDENTIAL - *where the child is living*
2. FAMILY/SURROGATE FAMILY - *family relationships/conflict, etc.*
3. SOCIAL - *youth's interactions/relationships with people outside of the family*
4. EDUCATIONAL/VOCATIONAL - *school or job-related*
5. MEDICAL - *physical health, illness, or medication issues*
6. PSYCHOLOGICAL/EMOTIONAL - *behavioral/ emotional/psychiatric problems such as acting out, sadness, anxiety, hyperactivity, suicidality, anger, delusional, aggression, etc.*
7. LEGAL - *delinquent behavior, arrests, probation, court appearances, etc.*
8. SAFETY - *suicidality, running away, etc.*
9. OTHER – *any remaining life domain that does not fit into one of the above categories*

10. Are services inaccessible due to the location of the services?

Scoring

1. YES - *Evidence in chart indicates that at least one service prescribed in service plan cannot be accessed due to location of the service (distance from family's home, not on the bus line, etc.)*
2. NO - **The family is able to access all services in the service plan without support.**

11. Are there unmet identified needs because a type of service does not exist locally?

Scoring

1. YES - *There is documentation of at least one instance of a needed service that does not exist locally.*
2. NO - *All needed services are available.*

12. Are there unmet identified needs because there is a long wait for a service?

Scoring:

1. YES - *Needed services exist locally, but there is at least one documented instance in which a long wait list (one month or longer) for a service prevents access to a needed service.*
2. NO - *All needed services can be accessed within a reasonable timeframe (less than one month).*

13. Is a strengths-based assessment found in the case file?

A strengths-based assessment should be attached to the service plan. In some cases, an initial strengths-based assessment (conducted when family first enters SOC) has been found filed in miscellaneous places within the chart.

Scoring:

1. YES – *A strengths-based assessment was located within case file.*
2. NO – *A strengths-based assessment could not be found in case file.*

14. Are strengths identified in the strengths-based assessment reflected in the interventions contained in the service plan?

Scoring:

1. YES – *There are obvious/direct examples of child/family strengths utilized in greater than 50% of interventions in service plan.*
2. NO – *No strengths are utilized in plan; or strengths are utilized in less than 50% of interventions.*

15. Is there evidence of a crisis plan contained within the service plan?

Scoring:

1. **YES** - *Likely areas of crises are identified and a clear protocol is in place to respond.*
2. **NO** - *No crisis plan is identified.*

16. Rate the level of comprehensiveness of the crisis plan

Scoring:

1. **EXCELLENT** - *Potential areas of crisis identified and planned interventions are likely to be effective.*
2. **ACCEPTABLE** - *Not all potential crisis areas identified and/or some interventions inadequate.*
3. **POOR** - *No potential areas of crisis identified and/or most interventions are inadequate.*

17. Rate the degree to which appropriate transitional services have been identified to facilitate a smooth transition for the youth into new school/new residence/adulthood

Scoring:

1. **EXCELLENT** - *The child's transition has been planned consistent with the child's **long-term** view. What he or she should know, be able to do, and have as supports to be successful after the transition occurs is being developed now. The persons in the new/former setting are being made to assure that the child is successful following the transition. If the child has made the transition, s/he is fully stable and successful in his/her daily life.*
2. **ACCEPTABLE** - *Transition has been identified and discussed. What child should know, be able to do, and have support to be successful are planned and being addressed. Personnel in the new/former setting are assisting child during and after transition. If child has made the transition, s/he is generally stable and successful in daily life.*
3. **MINIMALLY ACCEPTABLE** - *The next transition has been identified. What the child should know, be able to do, and have supports to be successful have been assessed and is being used for planning. Personnel in the new/former setting are minimally in place to assist child during and after transition. If child has transitioned, s/he is stable in his/her daily setting and is not at risk of disruption due to transitional problems.*
4. **POOR** - *The next transition has not been addressed. Inadequate plans have been made with personnel at the new setting. If the child has transitioned, s/he is experiencing difficulty and is at moderate-to-high risk of disruption of placement.*
5. **COMPLETELY UNACCEPTABLE** - *The child's next age-appropriate transition has not been considered. There are no strategies in place to assist the child during and after the transition. If child has made the transition, s/he is having major transitional problems in the daily setting.*

18. Rate the degree to which the service plan is realistic and sustainable as the child moves into adulthood.

Scoring:

1. **EXCELLENT** - *Plan is realistic and fully implemented.*
2. **ACCEPTABLE** - *Identified most realistic way to meet the need and plan has been partially implemented.*
3. **MINIMALLY ACCEPTABLE** - *Aware of needs and have identified possible mechanisms for meetings those needs, but nothing is finalized.*
4. **POOR** - *Transitional needs are identified, but plan is unrealistic (e.g. child needs services adult system doesn't have, or there is no funding for needed services).*
5. **COMPLETELY UNACCEPTABLE** - *No evidence that team is aware of the need for transitional services.*

19. Rate the degree to which plans are being made to transition youth into adult care system.

Scoring:

1. **EXCELLENT** - *Transitional service completely addressed and being implemented.*
2. **ACCEPTABLE** - *Identified transitional needs and some transitional services are in place (i.e. adult system involved in preparing plan).*
3. **MINIMALLY ACCEPTABLE** - *Awareness of the needs for transitional services, adult system made aware of the need.*
4. **POOR** - *Transitional needs identified, but no action taken to address those needs.*
5. **COMPLETELY UNACCEPTABLE** - *No evidence that transition is being planned for.*

20. Rate the degree to which desired outcomes (goals) in the service plan are written in measurable terms

Scoring:

When service plan goals are written in measurable terms, it is easy to determine whether the goal has been met, because of the level of specificity of the goal. If a goal is for the child to “improve his attention span”, then an example of writing this goal in measurable terms would be: “Johnny will attend to a task for 15 minutes at a time, three times per day”.

1. **EXCELLENT** - *All outcomes are written in measurable terms.*
2. **ACCEPTABLE** - *More than 50% of outcomes are written in measurable terms.*
3. **MINIMALLY ACCEPTABLE** - *About 50% of outcomes are written in measurable terms.*
4. **POOR** - *Less than 50% of outcomes are written in measurable terms.*
5. **COMPLETELY UNACCEPTABLE** - *No outcomes are written in measurable terms.*

21. When outcomes of previous interventions have been poor, rate the degree to which there has been an attempt to modify the plan in order to address needs in a different way.

Scoring:

1. **EXCELLENT** - *Clear documentation in the chart that indicates continuous, repeated modification of plan when interventions have not succeeded.*
 2. **ACCEPTABLE** - *The service plan has been modified somewhat in response to unsuccessful outcomes; but there remain a few areas of the plan for which new intervention strategies are needed.*
 3. **MINIMALLY ACCEPTABLE** - *The service plan has been modified on a few occasions in response to unsuccessful outcomes; however, there remain many areas of the plan for which new interventions strategies are needed.*
 4. **POOR** - *There is a recognition by team members that interventions are not working and that modification of plan is necessary, but no modification has taken place.*
 5. **COMPLETELY UNACCEPTABLE** - *Same interventions continue to be implemented, despite their continued ineffectiveness.*
- ☐ **N/A** - *No information on outcomes of previous interventions or outcomes are not poor.*

22. Have all appropriate agencies/individuals been invited to participate on the team?

Scoring:

1. **YES** - *Documentation in progress notes or correspondence is found that indicates attempts to invite key personnel to participate.*
2. **NO** - *No evidence of invitation to one or more key personnel.*

23. Check all parties involved on the child's service team

For this question, indicate all parties currently serving as a member of the service team, regardless of their attendance at most recent meetings.

Scoring:

1. **FRIENDS OF THE FAMILY** – *friends, neighbors, etc.*
2. **FAMILY MEMBERS** – *other members of immediate/extended family (besides youth & caregiver)*
3. **CHURCH/RELIGIOUS** – *pastors, clergy members, fellow parishioners, etc*
4. **PUBLIC HEALTH** – *nurses (including school nurses), physicians, etc.*
5. **JUVENILE JUSTICE** – *court counselors, judges, etc.*
6. **MENTAL HEALTH** – *case managers, therapists, psychiatrists from the Guilford Center*
7. **SCHOOL** – *principals, teachers, bus drivers, behavioral aides from Guilford Co. Schools*
8. **SOCIAL SERVICES** – *social workers, foster parents, etc.*
9. **FAMILY ADVOCATES** – *advocates from MHA, guardian ad litem, etc.*
10. **OTHER** - *any category other than those listed above.*

24. Check all parties invited to be on the team who have declined to participate.

There is documentation in progress notes or correspondence is found that indicates that someone invited to be on service team declined to participate.

Scoring:

1. **FRIENDS OF THE FAMILY** – *friends, neighbors, etc.*
2. **FAMILY MEMBERS** – *other members of immediate/extended family (besides youth & caregiver)*
3. **CHURCH/RELIGIOUS** – *pastors, clergy members, fellow parishioners, etc*
4. **PUBLIC HEALTH** – *nurses (including school nurses), physicians, etc.*
5. **JUVENILE JUSTICE** – *court counselors, judges, etc.*
6. **MENTAL HEALTH** – *case managers, therapists, psychiatrists from the Guilford Center*
7. **SCHOOL** – *principals, teachers, bus drivers, behavioral aides from Guilford Co. Schools*
8. **SOCIAL SERVICES** – *social workers, foster parents, etc.*
9. **FAMILY ADVOCATES** – *advocates from MHA, guardian ad litem, etc.*
10. **OTHER** - *any category other than those listed above.*

25. To what extent is the team made up of individuals (excluding agency personnel) with access to informal resources for the family?

- *Team members counted towards this percentage must meet both of the following two criteria:*
- *They are not there because of their affiliation with a service agency. Instead, they are serving as an advocate, family member, friend, neighbor, pastor, etc.*
- *They have accessed or will access informal resources for the family as part of the service plan.*

Scoring:

1. **EXCELLENT** – *More than 50% of team members meet both of the above criteria.*
2. **ACCEPTABLE** – *Between 10 and 50% of team members meet both of the above criteria.*
3. **POOR** – *Less than 10% of team members meet both of the above criteria.*

26. Rate the degree to which the service team is comprised of the optimal mix of professionals and “nonprofessionals”.

Non-professionals are defined as members of the family’s natural support network, including family members, friends, neighbors, family advocates, clergy, etc.

Scoring:

1. **EXCELLENT** – *50% or more of team members are non-professionals.*
2. **ACCEPTABLE** – *Between 25 and 49% of team members are non-professionals.*
3. **POOR** – *Less than 25% of team members are non-professionals.*

27. Rate the level of family involvement/follow-through after the most recent service team meeting.

This question is designed to assess the extent to which the family has followed through on the service plan. Contact below denotes case manager/family communications.

Scoring:

1. **HIGH** - *Contact in the week following IST with evidence of implementation of planned services.*
2. **MODERATE** - *Contact made or attempted but no evidence of implementation/monitoring.*
3. **LOW** - *No contact made or attempted in the two weeks following the most recent IST.*

28. Is there evidence in the case file that the case manager is acting as a coordinator for all agency services?

Scoring:

1. **YES** - Progress notes indicate that that case manager is viewed by team as the coordinator of all services delivered, as evidenced by regular contact with all agencies.
2. **NO** - Services appear fragmented, with agencies not viewing case manager as integral to service coordination.

29. Is there a unified, overarching service plan?

Scoring:

1. **YES** - Service plan covers all areas identified by family and all other agency plans are consonant with unified plan.
2. **NO** - Multiple plans with differing or conflicting goals appear to exist; and/or key life domains in need of addressing are currently omitted from the service plan.

30. Is this living situation/placement likely to change in the next three months?

Examples of situations that would indicate a likely change in placement include:

- A court counselor who is threatening to send child to training school;
- A foster care placement is currently not working out and alternative arrangements are being explored.

Scoring:

1. **YES** – Clear evidence in case record that child is at risk or that a change is planned.
2. **NO** – No such evidence is found in progress notes/service plan.

31. What is the present restrictiveness level of the living situation?

Case managers have been instructed to provide an update of current living situation in each post-IST summary note. However, it should also be evident by looking in progress notes/service plan.

Scoring:

1. **DETENTION CENTER/TRAINING SCHOOL**
2. **HOSPITAL**
3. **RESIDENTIAL TREATMENT CENTER**

4. GROUP HOME
5. OUT-OF-COUNTY GROUP HOME
6. FOSTER HOME
7. HOME OF RELATIVE
8. OTHER

32. Are all services based in the county (Guilford) where the child and family live?

Scoring

1. YES - *All services are provided to the family within the boundaries of the County.*
2. NO - *One or more members of the family must leave Guilford County to obtain the services prescribed in the service plan and/or child is currently placed out of the County.*

33. If not, is there a service plan goal directed toward ensuring that the child's services are delivered within Guilford County?

Scoring

1. YES - *There is clearly stated and delineated goal toward the end of having all services provided within the County in the next three to six months.*
2. NO - *All service are not provided in the County and there is no definite plan to achieve the goal.*

34. Are services provided in the least restricted/most normative setting, appropriate to the child's and family's needs?

Scoring:

1. YES - *All team members are in agreement that all services are being provided in the least restrictive setting.*
2. NO - *There is documentation of disagreement among team members regarding the level of restrictiveness of at least one service area.*

35. Is there a need for flexible funds at this time to execute the service plan for the youth/family?

Scoring:

1. YES - *There is at least one area where flex funds would be appropriate and other sources of support have been investigated.*

2. NO - *There is no demonstrated need at this time. All services can be provided without accessing flex funds.*

36. If so, have flexible funds been accessed?

Scoring:

1. YES - *Documentation in record of flex funds being approved.*
2. NO - *Documentation in record of flex fund denial.*

37. To what extent are informal/community resources included in the plan?

Naturally occurring community resources are defined as services/interventions that do not cost the "BIG 5" public agencies money (The Guilford Center; Public Health; Schools; Juvenile Justice; Department of Social Services). Any service in the plan that is paid with flex fund dollars is considered a community resource. Community resources can include (but are not limited to) such things as: church groups, Big Brother/Big Sister, respite provided by relative; tutoring, Boys and Girls Club.

Scoring:

1. EXCELLENT – *At least 50% of interventions contained in the service plan rely on community resources.*
2. ACCEPTABLE – *Between 10 and 50% of the interventions contained in the service plan rely on community resources.*
3. POOR – *Less than 10% of the service plan interventions utilize community resources.*

38. Was the service plan funded by two or more agencies?

By definition, Mental Health (i.e., the Guilford Center) always takes part in funding the service plan, since case management from this agency is provided to each case. If any school personnel serve on a service team, the answer to this question will automatically be "Yes".

Scoring:

1. YES – *At least two of the "Big 5" agencies are funding the service plan, as evidenced by contributions of staff time and/or resources.*
2. NO – *Only one of the "Big 5" agencies has funded this family's service plan thus far.*

39. Overall, is the current Service Plan traditional and/or non-traditional?

Note: you can check both of these if the plan exhibits aspects of both descriptions.

Scoring:

1. **TRADITIONAL** - *involves deficit based planning, lack of coordination of services, high reliance on formal resources, services not in home community, lack of individualization in plan, plan driven by agencies.*
2. **NON-TRADITIONAL** - *High (50% or greater) use of informal resources, strengths utilized in interventions, evidence of family ownership of plan, services provided in nontraditional locations, services well coordinated and fit the child and family.*

Case File Form



Today's Date _____ Child: _____

1. Referral Source

- ☐ Family Member
- ☐ Public Health
- ☐ Juvenile Justice
- ☐ Mental Health
- ☐ School
- ☐ Social Services
- ☐ Other _____

2. Which life domain areas were identified by the family as areas of concern at the time of intake?

- ☐ Residential
- ☐ Family
- ☐ Social
- ☐ Educational/Vocational
- ☐ Medical
- ☐ Psychological/Emotional
- ☐ Legal
- ☐ Safety
- ☐ Other: _____

3. Were each of the following SYSTEM OF CARE eligibility requirement met at the time of admission to SYSTEM OF CARE?

- ☐ Age 5 - 18
- ☐ DSM IV Diagnosis
- ☐ Functional Impairment
- ☐ Multiple Agency Involvement
- ☐ At Risk for Removal or Removed from Home

4. In what setting did the child live at the time of referral?

- ☐ Parent
- ☐ Relative
- ☐ Foster Home
- ☐ Group Home/Residential Treatment Center
- ☐ Hospital
- ☐ Detention Center/Juvenile Justice Facility
- ☐ Substance Abuse Treatment Center
- ☐ Shelter
- ☐ Other: _____

Note: the remaining questions refer to the most recent information contained in the case file (i.e., most recent service plan, etc.)

5. Current *Legal* Custody:

- ☐ Parent
- ☐ Relative
- ☐ Social Services
- ☐ Other: _____

6. Current *Physical* Custody:

- ☐ Parent
- ☐ Relative
- ☐ Foster Parent
- ☐ Other: _____

7. Most Current Level of Need: I II III IV

8. Current School Assignment:

- ☐ Regular Classroom
- ☐ Self-contained B.E.D.
- ☐ Regular Education with Resource
- ☐ Day Treatment
- ☐ OHI (Other Health-Impaired)
- ☐ EMH (Educably Mentally Handicapped)
- ☐ Cross-Categorical/Learning Disabled
- ☐ Other _____

9. Which life domain areas are addressed in the most recent service plan?

- ☐ Residential
- ☐ Family
- ☐ Social
- ☐ Educational/Vocational
- ☐ Medical
- ☐ Psychological/Emotional
- ☐ Legal
- ☐ Safety
- ☐ Other: _____

10. Are any services inaccessible due to the location of the services?

- ☐ Yes ☐ No

11. Are there unmet identified needs because a type of service does not exist locally?

- ☐ Yes ☐ No

12. Are there unmet identified needs because a long wait list exists for a particular service?

- ☐ Yes ☐ No

13. Is a strengths-based assessment found in the case file?

- ☐ Yes ☐ No

14. Are strengths identified in the strengths-based assessment reflected in the interventions contained in the service plan?

☐ Yes ☐ No

15. Is there evidence of a crisis plan contained within the service plan?

☐ Yes ☐ No

16. Rate the level of comprehensiveness of the crisis plan:

1 = Excellent 2 = Acceptable 3 = Poor

17. Rate the degree to which appropriate transitional services have been identified to facilitate a smooth transition for the youth into new school/new residence/adulthood, etc.:

1 = Excellent 2 = Acceptable 3 = Minimally Acceptable
4 = Poor 5 = Completely Unacceptable

Questions 18 & 19 pertain only to cases in which youth is 15 years of age or older.

18. Rate the degree to which the service plan realistic and sustainable as the child moves into adulthood

1 = Excellent 2 = Acceptable 3 = Minimally Acceptable
4 = Poor 5 = Completely Unacceptable N/A = Youth is younger than 15

19. Rate the degree to which plans are being made to transition youth into adult care system

1 = Excellent 2 = Acceptable 3 = Minimally Acceptable
4 = Poor 5 = Completely Unacceptable N/A = Youth is younger than 15

20. Rate the degree to which desired outcomes (goals) in the service plan are written in measurable terms

1 = Excellent 2 = Acceptable 3 = Minimally Acceptable
4 = Poor 5 = Completely Unacceptable

21. When outcomes of previous interventions have been poor, rate the degree to which there has been an attempt to modify the plan in order to address needs in a different way

1 = Excellent 2 = Acceptable 3 = Minimally Acceptable
4 = Poor 5 = Completely Unacceptable N/A = no information or the outcomes have not been poor

22. Have all appropriate agencies been invited to participate on the team?

☐ Yes ☐ No If no, who needs to be invited? _____

23. Check all parties currently on service team (*include all involved, regardless of attendance at most recent meeting*)

<input type="checkbox"/> Mental Health	<input type="checkbox"/> Friends
<input type="checkbox"/> School	<input type="checkbox"/> Family Members
<input type="checkbox"/> Social Services	<input type="checkbox"/> Church /Religious
<input type="checkbox"/> Public Health	<input type="checkbox"/> Family Advocates
<input type="checkbox"/> Juvenile Justice	<input type="checkbox"/> Other (Specify) _____

24. Check all parties invited to be on the team, who have declined to participate:

<input type="checkbox"/> Mental Health	<input type="checkbox"/> Friends
<input type="checkbox"/> School	<input type="checkbox"/> Family Members
<input type="checkbox"/> Social Services	<input type="checkbox"/> Church /Religious
<input type="checkbox"/> Public Health	<input type="checkbox"/> Family Advocates
<input type="checkbox"/> Juvenile Justice	<input type="checkbox"/> Other (Specify) _____

25. To what extent is the team made up of individuals (excluding agency personnel) with access to informal resources for the family?

1 = Excellent 2 = Acceptable 3 = Poor

26. Rate the degree to which the service team is comprised of the optimal mix of professionals and “non-professionals”:

1 = Excellent 2 = Acceptable 3 = Poor

27. Rate the level of family involvement/follow-through after the most recent service team meeting:

1 = High 2 = Moderate 3 = Low

28. Is there evidence in the case file that the case manager is acting as a coordinator for all agency services?

☐ Yes ☐ No

29. Is there a unified, overarching service plan?

☐ Yes ☐ No

30. Is this living situation/placement likely to change in the next three months?

☐ Yes ☐ No If No, explain: _____

31. What is the present restrictiveness level of the living situation?

- ☐ Detention Center/Training School
- ☐ Hospital
- ☐ Residential Treatment Center
- ☐ Group Home
- ☐ Out-of-county Group Home
- ☐ Foster Home
- ☐ Home of family member/relative
- ☐ Other: _____

32. Are all services based in the county (Guilford) where the youth and family live?

- ☐ Yes ☐ No

33. If not, is there a goal in the service plan directed toward ensuring that all services are delivered within Guilford County?

- ☐ Yes ☐ No ☐ NA

34. Are services provided in the least restricted/most normative setting, appropriate to the child's and family's needs?

- ☐ Yes ☐ No

35. Is there a need for flexible funds at this time to execute the service plan for this youth/family?

- ☐ Yes ☐ No

36. If so, have flexible funds been accessed?

- ☐ Yes ☐ No

37. To what extent are naturally occurring community resources (including flex funds) included in the plan?

1 = Excellent 2 = Acceptable 3 = Poor

List community resources utilized:

38. Is the service plan funded by two or more agencies?

☐ Yes ☐ No

List sources of funding utilized :

39. Overall, is the current service plan traditional and/or non-traditional? (check both if warranted)

☐ Traditional AND/OR ☐ Non-traditional

Strengths exhibited by service coordinator and/or service team:

Evidence of Collaboration between Agencies:

Barriers Identified That May Prevent Implementation of or Hinder Effectiveness of Service Plan:

Recommendations/Specific Corrective Action Advised:

Reviewer: _____